



**Irish Life**

## **Declaration of Health**

*Note:*

*If your health or other circumstances have changed, this form cannot be used and a full new application form will have to be completed. This can be obtained from your Insurance Advisor*

Application Number: \_\_\_\_\_

Name(s): \_\_\_\_\_

I declare that there has been no change in my health history and other circumstances from that given in answer to all of the questions in my application form completed on \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date of original application form)

Signature of first person to be covered:

\_\_\_\_\_

Date: \_\_\_\_\_

Signature of second person to be covered:

\_\_\_\_\_

**Note:**

**If your cover is not to commence immediately, your obligation to inform us of any health changes in accordance with the Declaration signed on your original application form.**

*Important – Telling Irish Life about Material Facts*

*Please remember that you must tell us everything relevant in answer to all of the questions on the application form when completing this Declaration of Health. If you do not or if any of the questions are not true and complete, Irish Life could treat the policy as void. If this happens there will be no cover under the policy and we will not refund premiums. In these circumstances we will not pay a claim. A material fact (relevant information) includes anything which a reputable insurer would regard as likely to influence the assessment and acceptance of an application for insurance. If you are not sure whether something is relevant, you should tell us anyway.*